

**NOTICE OF CONTRACT OPPORTUNITY  
APPLICATION FOR NAVY CONTRACT POSITIONS**

**ALLERGIST**

**ISSUE DATE: 24 SEP 01**

**THIS IS NOT A CIVIL SERVICE POSITION**

**I. IMPORTANT INFORMATION:** CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE OCTOBER 18, 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

Naval Medical Logistics Command  
ATTN: Code 022 (Mrs. Donna Blackstone)  
1681 Nelson Street  
Fort Detrick, MD 21702-9203

A. NOTICE. This position is set aside for individual Allergists. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. ALLERGIST. The Government is seeking to place under contract on a part-time basis, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands and has board certification by the American Board of Allergy and Immunology. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

You shall serve as an Allergist in the Allergy and Immunology Clinic located in The Internal Medicine Department, Naval Hospital Jacksonville.

You shall be on duty in the assigned clinical area for 16 hours per two-week period; between the hours of 0700 and 1700. You shall normally provide services for a 4, 8.5, or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), on weekdays. Specific days and hours shall be scheduled one month in advance at the mutual agreement of both you and the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other medical duties.

Your services shall not be required on the following federally established holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. Should your normal work day fall on a holiday, you shall be rescheduled. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

## II. Statement of Work

A. The use of "Commanding Officer" means Commanding Officer, Naval Hospital Jacksonville, or designated representative, e.g., Technical Liaison or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker) is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to tasks within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of Allergist services on site in the Allergy and Immunization Clinic using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

### Administrative and Training Requirements

1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.
2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.
3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.
4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.
5. Participate in the implementation of the Family Advocacy Program as directed.
6. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commanding Officer.

### SPECIFIC DUTIES/RESPONSIBILITIES OF ALLERGISTS ARE AS FOLLOWS:

1. Perform a full range of allergy and Immunology services on-site using Government-furnished supplies, facilities and equipment. Productivity is expected to be comparable with that of other contracted individuals performing similar services.
2. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.

3. Provide a full range of Allergy procedures as identified in Attachment I. Diagnose, treat, and counsel patients as indicated.
4. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
5. Supervise and teach other medical staff and provide educational lectures and participate in the provision of in-service training to clinic staff members. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.
6. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
7. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
8. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
9. Participate in peer review and performance improvement activities.
10. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
11. Complete continuing education to meet own professional growth and specialty standards.
12. Participate in peer review and performance improvement activities.
13. Credentialing and Privileging Requirements.
  - 13.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/Code02/contractorinfo.htm>. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, that individual's performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to the health care worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.
  - 13.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

2. Possess board certification as determined by the American Board of Allergy and Immunology.
3. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
4. Possess experience as an allergist of at least 24 consecutive months, post residency, within the preceding 36 months.
5. Have documentation of current Drug Enforcement Agency number.
6. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment IV.
7. Provide two letters of recommendation from practicing physicians, written within the last 2 years, attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
8. Represent an acceptable malpractice risk to the Navy.
9. Submit a fair and reasonable price that has been accepted by the Government.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.7, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
3. Prior experience as an allergist in a DoD medical facility.
4. Total Continuing Education hours.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ A completed " \*Application for Navy Contract Positions " (Attachment II).
2. \_\_\_\_\_ A completed Pricing Sheet (Attachment III).
3. \_\_\_\_\_ Proof of employment eligibility (Attachment IV).
4. \_\_\_\_\_ Two or more letters of recommendation per paragraph D.7., above. (If applicable)
5. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment V)
6. \_\_\_\_\_ Small Business Representation (Attachment VI)

\*Please answer every question on the " Application for Navy Contract Positions ". Mark "N/A" if the item is not applicable.

#### G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual,

or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Mrs. Donna Blackstone who may be reached at (301) 619-2062.

We look forward to receiving your application.

### Allergy and Immunology Procedures

Comprehensive examination, consultation, diagnosis and treatment of disorders of the immune system, to include:

- Performance and interpretation of diagnostic testing for immediate hypersensitivity disease (skin testing, challenges)
- Performance and interpretation of diagnostic testing for reactive airway disease and asthma (e.g. spirometry, flow-volume loops, exercise challenges for bronchospasm)
- Performance and interpretation of delayed hypersensitivity skin testing for immune deficiency disease
- Desensitization for penicillin, insulin, and related hypersensitivity diseases
- Infusion of replacement products (e.g. intravenous gamma globulin and products thereof) for immune deficiency diseases

### Supplemental Duties

- Performance and interpretation of diagnostic fiberoptic rhinolaryngoscopy
- Performance and interpretation of methacholine challenge for determination of airway hyperreactivity

**PERSONAL QUALIFICATIONS SHEET - ALLERGIST**

**A. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Last First Middle

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**B. Medical Information**

YES NO

1. Do you have any physical handicap or condition that could limit your clinical practice?

\_\_\_\_\_

2. Have you been hospitalized for any reason during the past 5 years?

\_\_\_\_\_

3. Are you currently receiving or have you ever received formal mental health therapy?

\_\_\_\_\_

4. Do you currently have, or in the past have you ever had, an alcohol dependency?

\_\_\_\_\_

5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem?

\_\_\_\_\_

6. Have you ever been unlawfully involved in the use of controlled substances?

\_\_\_\_\_

7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?

\_\_\_\_\_

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## II. PROFESSIONAL

### A. Advanced Education.

#### 1. Medical School:

a. Name of Accredited School	Date of Training (From)	(To)
_____	_____	_____
b. Type of Degree: _____		
c. Location and Address of School:		
_____		
_____		
_____		
d. Name of Accredited School:	Date of Training (From)	(To)
_____	_____	_____
e. Type of Degree: _____		
f. Location and Address of School:		
_____		
_____		
_____		

#### 2. Additional Education:

a. Name of Accredited School:	Date of Training (From)	(To)
_____	_____	_____
b. Type of Degree: _____		
c. Location and Address of School:		
_____		
_____		
_____		



**2. Additional Education (continued):**

d. Name of Accredited School:

Date of Training  
(From) (To)

e. Type of Degree: \_\_\_\_\_

f. Location and Address of School:

### 3. Continuing Education:

Title of Course

From

To

CE Hours

#### 4. Certifications

	YES	NO
BLS Level C Expiration Date: _____	_____	_____
NRP Expiration Date: _____	_____	_____
ACLS Expiration Date: _____	_____	_____
ATLS Expiration Date: _____	_____	_____
Other: Expiration Date: _____	_____	_____

#### B. Professional Employment. List your current and preceding employers for the past 5 years:

##### 1. Name and Address of Present Employer(s):

From: \_\_\_\_\_ To: \_\_\_\_\_

a. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

##### 2. Name and Address of Preceding Employers for the last 5 years:

a. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Position/Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

##### 2. Name and Address of Preceding Employers for the last 5 years (continued):

b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Position/Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

e. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

f. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

g. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**3. List military experience providing medical services:**

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**4. Provide an explanation of any gaps in employment within the time specified in B above on a separate sheet of paper.**

**5. Are you currently employed on a Navy contract? If yes, where is your current contract and what is the position?**

\_\_\_\_\_

**6. List prior experience teaching or proctoring residents in graduate medical education settings.**

Name of Medical Facility	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Membership in professional organizations that promote your specialty:**

	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. Practice Information:**

	Yes	No
1. Have you ever been the subject of a malpractice claim?	___	___
2. Have you ever been a defendant in a felony or misdemeanor case?	___	___
3. Have you ever had your professional license revoked?	___	___
4. Have you ever voluntarily surrendered your professional license?	___	___

**If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above. List the issuing State of the revocation/voluntary surrender for numbers 3 and 4 above.**

**E. Licensure (to include all medical licenses held)**

1. License Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

  

2. Drug Enforcement Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Enhancing Factors**

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

**PRIVACY ACT STATEMENT**

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PRICING SHEET  
ALLERGIST**

**PERIOD OF PERFORMANCE**

Services are required from 19 November 2001 through 1 September 2002 for one (1) Part-Time Allergist at the Naval Hospital, Jacksonville, FL. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date

**PRICING INFORMATION**

Insert the price per hour that you want the Navy to pay you. The Government will neither award a contract that is too high nor too low. Your price should be enough to sustain you; however, it should not be out of line with prices of other Radiologists in the Jacksonville, FL area. **Please note that if you are awarded this contract, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes.** In addition, before commencing work under this contract the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

Multiply the "Unit Price" by the "Quantity", entering the total in the "Total Amount" column.

Check all math to assure that your computations are accurate.

<u>Contract Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The health care worker agrees to perform, on behalf of the Government, the duties of one (1) Part Time Allergist for the Naval Hospital, Jacksonville, FL in accordance with the statement of work and the resulting contract.				
0001AA	Base Period; 19 Nov 01 thru 30 Sep 02	360	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 02 thru 30 Sep 03	416	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 03 thru 30 Sep 04	416	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 04 thru 30 Sep 05	416	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 05 thru 30 Sep 06	416	Hrs	_____	_____
0001AF	Option Period V; 1 Oct 06 thru 18 Nov 06	416	Hrs	_____	_____
TOTAL CONTRACT LINE ITEM 0001					_____

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LISTS OF ACCEPTABLE DOCUMENTS**  
**SUBMIT ONE FROM LIST A**  
**LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

**For persons under age 18 who are unable to present a document listed above;**

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

**LIST C**

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://ccr2000.com>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command  
Acquisition Management Directorate  
ATTN: Code 022 (Mrs. Donna Blackstone)  
1681 Nelson Street  
Fort Detrick, MD 21702-9203

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date CCR Form was submitted:** \_\_\_\_\_

**Assigned DUN & BRADSTREET #:** \_\_\_\_\_



SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ ( ) The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ \_\_\_ Black American.
- ☐ \_\_\_ Hispanic American.
- ☐ \_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ \_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ \_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: \_\_\_\_\_

Offeror's Signature: \_\_\_\_\_

Date: \_\_\_\_\_